

# FISH & RICHARDSON P.C.

225 Franklin Street  
Boston, Massachusetts  
02110-2804

Telephone  
617 542-5070

Facsimile  
617 542-8906

Web Site  
www.fr.com

July 25, 2003

Attorney Docket No.: 00633-030002

## Mail Stop Patent Application

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Presented for filing is a new continuation patent application of:

Applicant: DIMITRI T. AZAR

Title: VISION PROSTHESIS

The prior application is assigned of record to Massachusetts Eye & Ear Infirmary, a Massachusetts corporation, by virtue of an assignment submitted to the Patent and Trademark Office and recorded on August 10, 2001 at 012070/0715.

Enclosed are the following papers, including those required to receive a filing date under 37 CFR §1.53(b):

	<u>Pages</u>
Specification	15
Claims	6
Abstract	1
Declaration	1
Drawing(s)	10

### Enclosures:

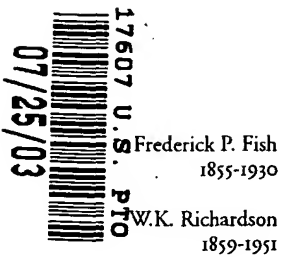
- Form PTO-1449, 2 pages, and form PTO-892, 1 page, listing documents cited in the parent application(s). Please confirm that these have been considered in this application by returning a copy of the Form PTO-1449 with the examiner's initials.
- Preliminary amendment, 8 pages.
- Small entity statement. This application is entitled to small entity status.
- Postcard.

This application is a continuation (and claims the benefit of priority under 35 USC 120) of U.S. application serial no. 09/909,933, filed July 20, 2001. The disclosure of

CERTIFICATE OF MAILING BY EXPRESS MAIL

Express Mail Label No. EV 303681822 US

July 25, 2003  
Date of Deposit



BOSTON

DALLAS

DELAWARE

NEW YORK

SAN DIEGO

SILICON VALLEY

TWIN CITIES

WASHINGTON, DC

FISH & RICHARDSON P.C.

Commissioner for Patents

July 25, 2003

Page 2

the prior application is considered part of (and is incorporated by reference in) the disclosure of this application.

Basic filing fee	\$375
Total claims in excess of 20 times \$9	\$0
Independent claims in excess of 3 times \$42	\$0
Fee for multiple dependent claims	\$0
Total filing fee:	\$375

A check for the filing fee is enclosed. Please apply any other required fees or any credits to deposit account 06-1050, referencing the attorney docket number shown above.

If this application is found to be incomplete, or if a telephone conference would otherwise be helpful, please call the undersigned at (617) 542-5070.

Kindly acknowledge receipt of this application by returning the enclosed postcard.

Please direct all correspondence to the following:

26161

PTO Customer Number

Respectfully submitted,



Faustino A. Lichauco

Reg. No. 41,942

Enclosures

FAL/czc

20698830.doc